## P0800107942

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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MIN STONE

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: _	PJ 1	ternation	onal	Inc
NAME OF CORPORATION:  DOCUMENT NUMBER:	P080	001079	42	
The enclosed Articles of Amendm				
Please return all correspondence co	oncerning this m	atter to the following:	:	
Pedr	6 C	hiaway ontact Person)		_
		nationa		_
920	•	Company)  ST SU	/	
	aples	dress)  FL 39  and Zip Code)		_
For further information concerning	•	• ,		
Pedro Chiaw (Name of Contact Person	ay	at ( 239) (Area Code & D	692-	5814 e Number)
Enclosed is a check for the follow	ng amount made	e payable to the Florid	la Department	of State:
\$35 Filing Fee \$43.75 Filing Certificate	ng Fee & of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	— Ce Ce (A	2.50 Filing Fee ertificate of Status ertified Copy dditional Copy s enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cer	ations	

Tallahassee, FL 32301

Articles of Amend	ment
to	7 . 0
Articles of Incorpor	ation
of	
PJ Internation	ial Inc 题 b m
(Name of Corporation as currently filed with t	
P080001070	742
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statut following amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the
A. If amending name, enter the new name of the corporation	<u>ı:</u>
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	" or the designation "Corp," "Inc," or
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	920 13th ST. SW Naples FC 34117
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent:	
920	13th ST. SW
New Registered Office Address: (Florid	da street address)
Naple	13th ST. SW  da street address)  25 (City)  (Zip Code)
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am position.	

Signature of New Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Damaya
			Add Remove
	ading or adding additional Articles, encodering additional sheets, if necessary). (Be specified)		
provis	mendment provides for an exchange, ions for implementing the amendment not applicable, indicate N/A)		
			· .

The date of each amendment(s) adoption:
4/1/09
Effective date if applicable:  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated #/1/69
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Pedro Chiaway  (Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)